



Catholic Diocese of Richmond

Parish Registration Form

For Office Use
ENV# _____

Are you currently registered with another Parish? N Y, Parish name: _____

Would you like an introductory meeting with the priest? Y N City: _____ State: _____

Would you like to enroll in online giving? Y N Would you like to receive contribution envelopes? Y N

Do we have permission to publish the following information within the Parish? Y N

Do we have permission to use the following in publications? Email Phone Photo Address

Head of Household

Last Name: _____ First: _____ Middle Initial: _____

Title: Mr. Mrs. Ms. Miss Dr. Suffix Sr. Jr. II III

Maiden Name (if applicable): _____ Prior Parish: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Religion: _____ Date of Birth: _____ Place: _____

Occupation: _____ Email Address: _____

Marital Status: Single Married Divorced Widowed Separated

Sacraments Received: Baptism Communion Confirmation

Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

A: Asian **B:** Black **H:** Hispanic **N:** Native American **W:** White/ Caucasian **O:** Other (specify)

S: Spanish **E:** English **V:** Vietnamese **K:** Korean **O:** Other (specify)

B: Legally Blind **D:** Developmentally Disabled **H:** Hearing Impaired **P:** Physically Disabled **S:** Shut-in **O:** Other (specify)

Spouse / Other Adult

Last Name: _____ First: _____ Middle Initial: _____

Title: Mr. Mrs. Ms. Miss Dr. Suffix Sr. Jr. II III

Maiden Name (if applicable): _____

Relation to Head of Household: Spouse Child Stepchild Grandchild Other _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Religion: _____ Date of Birth: _____ Place: _____

Occupation: _____ Email Address: _____

Marital Status: Single Married Divorced Widowed Separated

Sacraments Received: Baptism Communion Confirmation

Location(s): _____

Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Signature of the person completing this form: _____

Date: _____

Child 1 / Other Adult

Last Name: _____ First: _____ Middle Initial: _____
Title: Mr. Mrs. Ms. Miss Dr. Suffix Sr. Jr. II III
Relation to Head of Household: Child Stepchild Grandchild Other _____
Grade: _____ School: _____ Catholic Private Public
Religion: _____ Date of Birth: _____ Place: _____
Sacaments Received: Baptism Communion Confirmation
Location(s): _____
Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Child 2 / Other Adult

Last Name: _____ First: _____ Middle Initial: _____
Title: Mr. Mrs. Ms. Miss Dr. Suffix Sr. Jr. II III
Relation to Head of Household: Child Stepchild Grandchild Other _____
Grade: _____ School: _____ Catholic Private Public
Religion: _____ Date of Birth: _____ Place: _____
Sacaments Received: Baptism Communion Confirmation
Location(s): _____
Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Child 3 / Other Adult

Last Name: _____ First: _____ Middle Initial: _____
Title: Mr. Mrs. Ms. Miss Dr. Suffix Sr. Jr. II III
Relation to Head of Household: Child Stepchild Grandchild Other _____
Grade: _____ School: _____ Catholic Private Public
Religion: _____ Date of Birth: _____ Place: _____
Sacaments Received: Baptism Communion Confirmation
Location(s): _____
Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____

Child 4 / Other Adult

Last Name: _____ First: _____ Middle Initial: _____
Title: Mr. Mrs. Ms. Miss Dr. Suffix Sr. Jr. II III
Relation to Head of Household: Child Stepchild Grandchild Other _____
Grade: _____ School: _____ Catholic Private Public
Religion: _____ Date of Birth: _____ Place: _____
Sacaments Received: Baptism Communion Confirmation
Location(s): _____
Race: _____ 1st Language (if not English): _____ 2nd Language: _____ Disability: _____